



## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Title:: AZITHROMYCIN DOSAGE FORMS WITH REDUCED  
SIDE EFFECTS  
Attorney Docket Number:: **PC25240A**  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3

### Inventor Information

Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Timothy A.  
Family Name:: Hagen  
City of Residence:: East Lyme  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 309 Boston Post Road  
City:: East Lyme  
State or Province:: CT  
Postal or Zip Code:: 06333  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Julian B.  
Family Name:: Lo  
City of Residence:: Old Lyme  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 20 Stagecoach Road  
City:: Old Lyme  
State or Province:: CT  
Postal or Zip Code:: 06371  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Avinash G.  
Family Name:: Thombre  
City of Residence:: East Lyme  
State or Prov of Residence:: CT  
Country of Residence:: US

## Application Data Sheet

Street:: 15 Mackinnon Place  
City:: East Lyme  
State or Province:: CT  
Postal or Zip Code:: 06333  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Scott M.  
Family Name:: Herbig  
City of Residence:: East Lyme  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 39 Heritage Road  
City:: East Lyme  
State or Province:: CT  
Postal or Zip Code:: 06333  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Leah Elizabeth  
Family Name:: Appel  
City of Residence:: Bend  
State or Prov of Residence:: OR  
Country of Residence:: US  
Street:: 4051 Northcliff Drive  
City:: Bend  
State or Province:: OR  
Postal or Zip Code:: 97701  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Marshall David  
Family Name:: Crew  
City of Residence:: Bend  
State or Prov of Residence:: OR  
Country of Residence:: US  
Street:: 1986 NE Purser Lane  
City:: Bend  
State or Province:: OR  
Postal or Zip Code:: 97701

## Application Data Sheet

Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Dwayne Thomas
Family Name::	Friesen
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	60779 Currant Way
City::	Bend
State or Province::	OR
Postal or Zip Code::	97702
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	David Keith
Family Name::	Lyon
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	20448 Klahani Drive
City::	Bend
State or Province::	OR
Postal or Zip Code::	97702
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Scott Baldwin
Family Name::	McCray
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	63415 Saddleback
City::	Bend
State or Province::	OR
Postal or Zip Code::	97701
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	James Blair
Family Name::	West
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US

## Application Data Sheet

Street:: 1511 NW Jacksonville Avenue

City:: Bend

State or Province:: OR

Postal or Zip Code:: 97701

### Correspondence Information

Correspondence Customer Number:: 28523

### Representative Information

Representative Customer Number:: 28523

### Assignee Information

Assignee Name:: Pfizer Inc

### Domestic Priority Information

**Application::**      **Continuity Type::**

This application      Non Prov of Prov

**Parent Application::**

60/527,084

**Parent Filing Date::**

12/04/03